Table

TIMI before PCI	TIMI 0+1	TIMI 2+3	p<
n=	27	171	
TIMI 3 after PCI (%)	96.2	92.5	NS
MPG 3 after PCI (%)	19.1	49.0	0.01
Death (%)	7.4	2.3	NS
Re-AMI (%)	7.4	0	NS
Re-PCI (%)	3.7	0.6	NS
MACE (%)	18.5	2.9	0.001

ORAL CONTRIBUTIONS

849FO Featured Oral Session...Using Risk Stratification Tools for Treatment Decisions in Patients With Acute Coronary Syndromes

Tuesday, April 01, 2003, 2:00 p.m.-3:30 p.m.
McCormick Place, Vista S406 A

2:15 p.m.

849FO-2 Degree of Baseline Risk Should, But Does Not, Influence Treatment Decisions in Non-ST Elevation Acute Coronary Syndromes: Evidence From International Clinical Trials

Padma Kaul, L. Kristin Newby, Yuling Fu, Harrington Robert, Christopher Granger, Frans J. Van de Werf, Daniel Mark, Paul W. Armstrong, University of Alberta, Edmonton, AB, Canada, Duke Clinical Research Institution, Durham, NC

Background: Increasing ST-segment depression (ST-dep) on the baseline ECG is an important tool for risk-stratification in non-ST elevation (NSTE) acute coronary syndromes (ACS). In particular, the presence of ST-dep identifies patients with the greatest ischemic burden most likely to benefit from early invasive therapy. The ACC/AHA Guidelines denote new or presumably new ST-dep a class IA recommendation for early invasive strategy. However, whether this recommendation is followed in practice is not known.
Methods: We examined temporal and international patterns in the extent to which the degree of ST-dep influences the use of angiography, PCI and CABG over a five-year time frame ('94 - '99).
Results: Patients enrolled in GUSTO-2b (5632), PARAGON-A (1246) and PARAGON-B (855) were included.
Conclusions: Irrespective of region of enrollment, there appears to be little relationship between the extent of ST-dep and the use of invasive procedures. These data underscore the need for better implementation of guidelines to captitalize on unrealized opportunities for more efficient use of angiography and revascularization procedures among high risk NSTE ACS patients.

Category	No ST-dep	1mm ST-dep	ST-dep>=2mm
N	3694	2619	1420
US			
Angiography	81	80	77
PCI	33	28	29
CABG	17	24	33
Canada			
Angiography	48	49	40
PCI	19	15	12
CABG	8	15	14
Europe			
Angiography	53	51	50
PCI	20	19	16
CABG	9	11	16

2:30 p.m.

849FO-3 Abciximab Treatment Does Not Influence Levels of Inflammatory Markers in Patients With Acute Coronary Syndrome

Stefan James, Paul W. Armstrong, Robert M. Califf, Agneta Siegbahn, Maarten Simoons, University Hospital, Uppsala, Sweden

Background: The GUSTO IV trial included 7800 patients with ACS without ST-elevation and the patients were not scheduled for early revascularization. There was no clinical benefit of abciximab infusion for 24 or 48 hours compared to placebo. Through cross-reactivity with other integrin receptors, abciximab may influence the inflammation system, which has emerged as one plausible explanation for unexpected lack of clinical benefit.
Methods: In the dalteparin substudy all patients received dalteparin in stead of unfractionated heparin. Serial serum samples for analyses of Interleukin-6 (Il-6) and high sensitive C-reactive protein (CRP) were obtained from all patients (n=404) at selected sites.
Results:

		Baseline	24h	48h	72h
Il-6 (ng/L)	Placebo	5.7	7.8	8.1	6.6
	Abciximab 24 h	5.2	7.0	6.7	6.1
	Abciximab 48 h	5.3	7.9	8.1	6.6
	P*	n.s	n.s	n.s	n.s
CRP(mg/L)	Placebo	4.4	8.4	8.4	7.7
	Abciximab 24 h	4.2	7.0	6.7	6.1
	Abciximab 48 h	4.9	9.2	8.2	9.0
	P*	n.s	n.s	n.s	n.s

*Kruskal-Wallis test
Conclusion: In patients with non-ST elevation ACS levels of inflammatory markers raised early. However, the inflammatory activity, as measured by levels of Il-6 and CRP, was not influenced by abciximab treatment.

2:45 p.m.

849FO-4 Suboptimal Adherence to the ACC/AHA Non-ST Elevation Acute Coronary Syndrome Practice Guidelines for Patients With Positive Troponin Levels

Matthew T. Roe, Eric D. Peterson, Yun Li, Robert A. Harrington, Charles V. Pollack, Ralph G. Brindis, Robert H. Christenson, Sidney C. Smith, Jr., W. Brian Gibler, E. Magnus Ohman, Duke Clinical Research Institute, Durham, NC

Background: ACC/AHA guidelines for the treatment of non-ST-elevation acute coronary syndromes (NSTE ACS) recommend aggressive early management for patients with positive troponin levels, but the influence of troponin results on the quality of care provided to ACS patients has not been evaluated.
Methods: Troponin results were recorded in 16,079 of 18,985 high-risk patients with NSTE ACS (ischemic ST-segment changes or positive cardiac markers) in the CRUSADE quality improvement initiative. Troponin results were determined to be positive (any value within the first 24 hours > upper limit of normal) in 12,365 of 16,079 (75%) patients. Use of acute therapies and interventions given Type IA recommendations by the ACC/AHA guidelines was evaluated in patients without contraindications to the given therapies stratified by troponin results.
Results: The table shows adjusted odds ratios for the likelihood that troponin-positive patients received the given treatment. **Conclusions:** NSTE ACS patients with positive troponins are managed more aggressively than patients with negative troponins, but type IA recommendations from the ACC/AHA guidelines are under utilized in all patients. Increased use of evidence-based therapies for patients with positive troponins may reduce the high mortality seen in this group.

	Positive Troponins	Negative Troponins	Adjusted Odds Ratio	95% CI	Adjusted P-Values
Aspirin < 24 hrs(%)	90.7	88.8	1.42	1.24-1.64	<0.0001
Clopidogrel < 24 hrs (%)	36.3	32.9	1.36	1.24-1.49	<0.0001
Heparin < 24 hrs (%)	85.5	76.9	2.16	1.94-2.40	<0.0001
GP IIb/IIIa Inhibitors < 24 hrs (%)	33.8	22.7	2.16	1.95-2.40	<0.0001
Early Cardiac Cath < 48 hrs (%)	44.2	40.3	1.54	1.40-1.70	<0.0001
In-Hospital Mortality (%)	5.9	2.8	1.76	1.36-2.26	<0.0001